

**BOARD OF REGISTERED NURSING**

P.O. BOX 944210, SACRAMENTO, CA 94244-2100
TDD (916) 322-1700
TELEPHONE (916) 322-3350
www.rn.ca.gov



Ruth Ann Terry, MPH, RN
Executive Officer

CRITERIA FOR FURNISHING NUMBER UTILIZATION BY NURSE PRACTITIONERS

HISTORY

The passage of AB 1077 (Chapter 455) amended the Nurse Practitioner (NP) furnishing law, effective January 1, 1997. Prior to the amendment, the Nursing Practice Act, Business and Professions (B&P) code section 2836.1, authorized nurse practitioners (NPs) to obtain and utilize a "furnishing number" to furnish drugs and/or devices. Furnishing is defined as "the act of making a pharmaceutical agent or agents available to the patient in strict accordance with standardized procedures."

AB 1077 (Chapter 455) 1997 amended Business and Profession Code 2836.1 by giving NPs the authority to furnish Schedule III through Schedule V controlled substances listed in the California Uniform Controlled Substance Act, Division 10 (commencing with Section 11000) of the Health and Safety Code.

Following the enactment of AB 1077 (Chapter 455) 1997 the Drug Enforcement Administration (DEA) determined that the new law did not afford prescriptive authority to NPs. Rather, furnishing is a delegated authority utilizing standardized procedures. The DEA requires prescriptive authority to obtain a DEA registration number. In order for NPs to furnish controlled substances as authorized by AB 1077 (Chapter 455), the law needs to be amended to include prescriptive privileges.

SB 816 (Chapter 741) 1/2000 amended Business and Professions Code, Section 2836.1. This new law then adds "order" or "drug order" to Section 2836.1. The new law changes furnishing of controlled substances Schedule III through V to mean issuing an "order" for a drug. The intent of this legislation is furnishing can now be known as an "order" and can be considered the same as an "order" initiated by the physician. This new law requires the NP who has a furnishing number to obtain a DEA number to "order" controlled substances, Schedule III, IV, V.

*The amended B&P code Section 2836.1 extends the NPs furnishing authority to include Schedule III, IV, V controlled substances by adding "order" that can be considered the same as an order initiated by the physician. The NP must obtain a DEA registration number to furnish Schedule III, IV, V, controlled substances.

PRACTICE REQUIREMENTS

The following criteria must be met by the NP in order to utilize the furnishing number to furnish drugs and/or devices pursuant to B&P Section 2836.1.

Furnishing Number

Include the furnisher's name and furnishing number on the transmittal order form for drugs, devices, or both. Prescription pads may be used as a transmittal order form as long as they contain the furnisher's name and furnishing number. The NP's DEA number is also required on the transmittal

form for Schedule III, IV, or V controlled substance. Pharmacy law requires a physician's name on the drug or device container label. As of January 1, 2000, AB 1545 (Chapter 914) amended pharmacy law and now requires the pharmacist to also include the NP's name on the container label.

Limitation on Drugs and/or Devices

The drugs and devices are furnished by a NP in accordance with standardized procedures or protocols developed by the NP and supervising physician under any of the following circumstances:

- When furnished incidental to the provision of family planning services.
- When furnished incidental to the provision of routine health care or prenatal care.
- When rendered to essentially healthy persons.

Furnishing Controlled Substances

The NP is required to have a furnishing certificate from the Board of Registered Nursing and a Drug Enforcement Administration registration number.

The furnishing of drugs including controlled substances shall be further limited to those drugs agreed upon by the NP and physician and specified in the standardized procedure. When Schedule III controlled substances, as defined in Section 11056 of the Health and Safety Code, are furnished by an NP, the controlled substances shall be furnished in accordance with a patient-specific protocol contained within the standardized procedure and approved by the treating or supervising physician. A copy of the section of the NP's standardized procedures relating to controlled substances shall be provided upon request to any licensed pharmacist who dispenses drugs or devices when there is uncertainty about the furnishing transmittal order.

A patient-specific protocol as required for NPs to furnish Schedule III controlled substances is a protocol contained within the standardized procedures that specifies which categories of patients may be furnished this class of drugs. The protocol may state any other limitations as agreed upon by the NP and the supervising physician, such as the amount of the substance to be furnished, or the criteria for consultation. Pursuant to Health and Safety Code section 11200(b), "no prescription for a Schedule III or IV substance may be refilled more than five times in an amount, for all refills of the prescription taken together, exceeding a 120 day supply." Prescription for furnishing Schedule III through V refers to "order" for the written prescription transmittal order.

Furnishing: Sign for the Request and Receipt of Pharmaceutical Samples and Devices.

Certified nurse midwives, nurse practitioners and physician assistants are authorized to sign for the request and receipt of complimentary samples of dangerous drugs and devices identified in their standardized procedures or protocols that have been approved by the physician per Senate Bill 1558 (Figueroa), Chapter 263, signed by Governor Gray Davis on August 24, 2002 to take effect immediately. This new law amends BCP Section 4061 of the Pharmacy law to allow CNMs, NPs, and Pas to request and sign for complimentary samples of medication and devices.

Standardized Procedure

Furnishing the drugs or devices in accordance with standardized procedures as defined in Business and Professions Code Section 2725 and 2836.1 of the Nursing Practice Act. An example of a patient-specific protocol for Schedule III drug follows. A drug formulary may be incorporated into the standardized procedure as described in the Board advisory statement, "AN EXPLANATION OF STANDARDIZED PROCEDURE REQUIREMENT FOR NURSE PRACTITIONER."

Sites

Effective January 1, 2003, BCP Section 2836.1 Furnishing is amended to allow the NP to use their furnishing authority in solo practice per Senate Bill 933 (Figueroa) Chapter 764) signed by Governor Gray Davis on September 20, 2002.

Physician Supervising

Furnish the drug and/or devices under the supervision of a physician. BRN approval of the supervising physician is not required. For furnishing purposes, the physician may supervise a maximum of not more than four NPs at one time. The physician must be available by telephonic contact at the time of the patient examination by the nurse practitioner.

Patient Education

Prior to the furnishing of drugs or devices, the NP must provide appropriate educational information available to the patient.

Other BRN advisory statements related to furnishing of drugs may be obtained from either BRN offices or the Web site.

www.rn.ca.gov

S. El Monte Office (626) 575-7080

Sacramento Office (916) 322-3350

EXAMPLE, -PATIENT-SPECIFIC- PROTOCOL

FOR FURNISHING CONTROLLED SUBSTANCES SCHEDULE III

The patient-specific protocol is contained within the standardized procedure from which the nurse practitioner (NP) is furnishing the Schedule III controlled substance. This is a suggested format. Any format which addresses the category or diagnosis of illness/injury/condition etc. for which the Schedule III controlled substance is to be used and includes the eleven (11) guidelines outlined in CCR 1474 is acceptable.

1. Policy

As relates to the standardized procedure from which the NP is furnishing the Schedule III controlled substance.

2. PROTOCOL

1. Definition

Knee injury is an acute traumatic incident which can contuse, fracture, or tear various knee structures.

2. Data base

a. Subjective Data

The following history is suggested:

Description of injury or work activities surrounding the onset of symptoms History of valgus, varus and/or associated rotary stress injury

Audible "pop" at moment of injury

Other subjective data as appropriate

b. Objective Data

The following assessment is suggested, and any or all of these findings may be noted:
Knee:

Examine for swelling, effusion, redness, ecchymosis, decreased range of motion, tenderness, or any combination of these.

Assessment:

Knee injury

Diagnostic Plan

Treatment Plan

- Supportive therapy:

- Encourage rest

- Apply ice

- Apply compression wrap for swelling

- Elevate affected extremity

- Recommended drug therapy for severe pain

- Acetaminophen with Codeine 1-2 tablets every 4 hours to a maximum of 12 tablets/24 hours

- Hydrocodone and Acetaminophen 1-2 tablets every 4-6 hours; maximum dosage of Acetaminophen, 4g/day.

- Limit the number of tablets to 20, 30 or 50 with no refills.